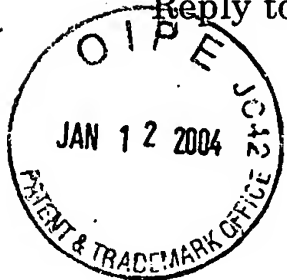


Appl. No. 10,089,598
Amendment Dated January 8, 2004
Reply to Office Action of October 9, 2003

Attorney Docket No. 81833.0036
Customer No. 26021



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
SHOGO KAKIUCHI et al.
Serial No.: 10/089,598
Confirmation No.: 3037
Filed: July 1, 2002
For: TRANSFER DEVICE, INSPECTION
DEVICE, AND ALIGNINGLY
FEEDING DEVICE

Art Unit: 3651
Examiner: Gene O.
Crawford

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January 8, 2004

Date of Deposit

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Diane Zynn 01/08/04
Signature Date

AMENDMENT UNDER 37 C.F.R. § 1.116

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P.O. Box 1450
Alexandria, VA 22313-1450

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Dear Sir:

In response to the Final Office Action dated October 9, 2003, please amend
the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

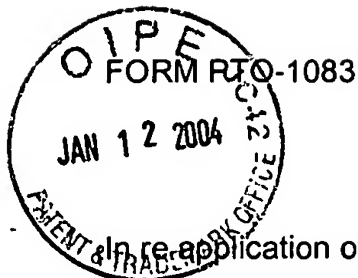
Remarks/Arguments begin on page 11 of this paper.

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GROUP 3600

01/13/2004 JBALINAH 00000120 501314 10089598
02 FC:1202 162.00 DA



Attorney Docket No. 81833.0036
Patent Application No. 10/089,598

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re-application of:

Shogo KAKIUCHI, et al.

Serial No: 10/089,598

Filed: July 1, 2002

For: TRANSFER DEVICE, INSPECTION DEVICE, AND
ALIGNINGLY FEEDING DEVICE

Art Unit: 3651
Examiner: Crawford, G.O.

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Name

Signature

01/08/04

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P.O. Box 1450
Alexandria, VA 22313-1450

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Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ A Request for Continued Examination (RCE) is enclosed.
☒ An Information Disclosure Statement is enclosed.
☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	40	-	31 **	9	LG=\$18 SM=\$9	\$ 162
INDEPENDENT CLAIMS FEE	3	-	3 ***	0	LG=\$86 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
Independent Claims: 1, 6, 16 and 19						TOTAL \$ 162

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ Please charge the fee of **\$162** for the additional claim fees to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☐ Please charge the fee of **\$ 0** for the ___ month extension of time to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Barry M. Shuman
Registration No. 50,220

Date: January 8, 2004

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